

PRESIDENT: I can recognize you again, Senator. There are other lights I might say.

SENATOR BEREUTER: Let me say in sort of a summary of the first round here. The requirements being imposed on hospitals are types of information they say is already available. Well, if it's already available, why are they so concerned about providing it in a comparable fashion. The fact of the matter is the people who should be most knowledgeable, the Board of Health, Blue Cross Blue Shield, the people who are most directly affected, the physicians of the state that operate in our hospitals are in support of this bill and are saying this information is not available on which to base rational decisions about hospital expenditures. We can run our hospitals very efficiently. The people in our hospitals are not overpaid, but as long as we're paying the additional fixed cost of all of those unoccupied beds those hospital rates are going to climb and climb and they are climbing at a rate that is greater than the escalation of cost in our national economy.

PRESIDENT: You're out of time, Senator. Senator Schmit. Senator Richard Lewis.

SENATOR R. LEWIS: Mr. President, members of the Legislature. I would not support bringing this bill back. It was heard in our committee and I think the bill has a great deal of merit and I did not vote to kill it. In my opinion, the bill is not nearly far reaching enough, in fact, I visited with Senator Bereuter and if the bill had gotten out of committee I had some amendments prepared to make it much broader. I would just like to call to your attention some of the figures in health costs. I think we should recognize these. I think we should do something about it. In 1975 health care costs in the nation was computed at \$118 billion. \$45 billion of that went for hospitals. That's 4 times the 1960 figure, but if we move on down to projections for this new year, the projected increases for Medicare and Medicaid are staggering up from \$25 billion to \$30 billion, and from \$11 billion to \$21 billion respectively. Part of the problem is that no hospital generally makes any money from a patient the first few days. If there's any profit involved it's in those last days of a hospital stay. I think there's been a very definite trend towards keeping people in hospitals longer than is necessary and I do not believe that this type of a reporting procedure is in depth enough for us to be able to distinguish when they have been kept too long and when they have not. I think that the Utilization and Review Committee of a hospital should recognize those things, but they also recognize the monetary problems of a hospital. I just one further thing, I know that Mr. Joe Seacrest has a very intense interest in this area, but I did not, definitely did not, appreciate his comments in an editorial in his paper the other evening about the abilities of the Public Health Committee and about where they may have shirked their responsibilities. This might have some effect on how I vote on this.

PRESIDENT: Senator Kahle.

SENATOR KAHLE: Mr. President and members of the body. I too rise to oppose bringing this back. We run a county hospital in the county that I come from and I've been somewhat active in its operation and management in the last years. The thing